



HIV Prevention Information, Services,  
and Resources for the City of San Francisco

# HIV Prevention Planning Council Transitional Policies and Procedures Manual

*Community and Government Leading  
through Collaboration*



HIV Prevention Planning Council  
Community Health Equity & Promotion Branch  
Population Health and Prevention

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## Table of Contents

<b>INTRODUCTION .....</b>	<b>6</b>
<b>SECTION 1. NAME AND MISSION.....</b>	<b>7</b>
<b>SECTION 2. THE PURPOSE OF THE HPPC.....</b>	<b>8</b>
<b>SECTION 3. MEMBERSHIP.....</b>	<b>11</b>
<b>A. Composition and Number of Members.....</b>	<b>11</b>
<b>B. Application, Selection, and Appointment of Members .....</b>	<b>14</b>
<b>C. Term of Office for Non-Appointed Members.....</b>	<b>18</b>
<b>D. Termination or Resignation of Members .....</b>	<b>19</b>
<b>E. Status Change of Members.....</b>	<b>20</b>
<b>F. Responsibilities of Members.....</b>	<b>21</b>
<b>G. Conflict of Interest .....</b>	<b>26</b>
<b>H. Stipend .....</b>	<b>28</b>
<b>SECTION 4: OFFICERS .....</b>	<b>29</b>
<b>A. Co-Chairs .....</b>	<b>29</b>
<b>B. Election of Community Co-Chairs.....</b>	<b>30</b>
<b>C. Terms of Community Co-Chairs .....</b>	<b>30</b>
<b>D. Resignation of a Community Co-Chair .....</b>	<b>31</b>
<b>E. Roles and Responsibilities of Co-Chairs .....</b>	<b>31</b>
<b>F. At-Large Members.....</b>	<b>33</b>
<b>G. Election of At-Large Members .....</b>	<b>34</b>
<b>H. Terms of At-Large Members.....</b>	<b>34</b>

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

I. Resignation of At- Large Members.....	34
J. Responsibilities of At-Large Members .....	35
<b>SECTION 5: MEETINGS.....</b>	<b>36</b>
A. State and Local Ordinances .....	36
B. Frequency of Full Council and Working Group Meetings .....	37
C. Meeting Announcements .....	39
D. Meeting Procedure .....	40
E. Open Meetings.....	45
F. Quorum.....	48
G. Proceedings .....	49
H. Voting and Majority .....	49
<b>SECTION 6: STANDING COMMITTEE AND WORKING GROUPS .....</b>	<b>51</b>
A. Standing Committee .....	51
B. Working Groups .....	52
<b>SECTION 7: GRIEVANCE PROCEDURE .....</b>	<b>55</b>
<b>SECTION 8: AMENDMENTS.....</b>	<b>57</b>
<b>SECTION 9. APPENDICES.....</b>	<b>59</b>
Appendix A: Abbreviations.....	60
Appendix B: Agency Requests for Letters of Support .....	61
Appendix C: Roles and Responsibilities of Appointed Voting Members .....	62
Appendix D: At-Large Members’ Roles and Responsibilities .....	63
Appendix E: Attendance Policy Handout.....	64
Appendix F: Communication .....	67
<i>Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015</i>	

**Appendix G: Community Co-Chair Roles and Responsibilities.....69**

**Appendix H: Community Working Group Member Roles and Responsibilities .....70**

**Appendix I: Executive Committee Roles and Responsibilities .....71**

**Appendix J: Formal Presentations and Discussions .....72**

**Appendix K: Governmental Co-Chair Roles and Responsibilities.....73**

**Appendix L: HPPC Members’ Roles and Responsibilities.....74**

**Appendix M: Non-Voting Members’ Roles and Responsibilities .....75**

**Appendix N: Rapid Response.....76**

**Appendix O: Researchers’ Requests for Letters of Support.....77**

**Appendix P: Health Department Staff Roles and Responsibilities for HPPC-Related Work .....79**

## **INTRODUCTION**

This Policies and Procedures Manual has been created to implement the Bylaws of the HIV Prevention Planning Council (HPPC). It explains how the Bylaws are carried out and ensures that the HPPC functions effectively. Each policy elaborates on an essential aspect of how the Council should work with the hope that clear Council procedures support all Council members in being able to participate fully. With the introduction of a new citywide realignment of public health services, this newly drafted (proposed) version will serve as the transitional guide for operations as the HPPC and the HIV Prevention Care Council (HPCC) strategize for a merge in 2016.

As the City and County of San Francisco embarks on a period of transition, the HPPC once again commits to fighting HIV. The Council believes that its success is tied to collaborating with and supporting the various communities of San Francisco also committed to this fight, including people living with HIV, people at greatest risk for infection, and people who support these groups. We cannot move forward without acknowledging the thirty years of work that has come before us. Today's Council embodies the passion, integrity, and initiative of the men, women, and transgender communities that have shaped and continue to shape San Francisco as a leader in planning that supports the cutting edge in HIV prevention, care, and treatment strategies.

## Section 1. NAME AND MISSION

**Bylaws:** *The name of this body shall be the HIV Prevention Planning Council (HPPC, also known herein as the Council). The mission of the HPPC is to plan and prioritize HIV prevention efforts for the City and County of San Francisco within the existing policy environment, with the ultimate goal of eliminating new HIV infections in San Francisco.*

San Francisco has played a leadership role in defining how public health and the medical community respond to HIV. Community planning is a concept that came of age in the City during the early years of the epidemic. It is a process that was developed to reflect the belief that the best HIV prevention happens when scientific research and community values come together to create a picture of what is happening and what needs to be done. In this spirit, the HPPC was formed in 1994. Given the fourth (4<sup>th</sup>) goal of the National HIV/AIDS Strategy of achieving a more coordinated response to the HIV epidemic, the HPPC is committed to expanding its mission to support the planning and prioritization of HIV prevention, care, and treatment activities for the City and County of San Francisco.

The mission of the HPPC is to:

- Ensure that there is meaningful collaboration that supports the continuum of HIV prevention, care, and treatment services;
- Ensure that San Francisco has functional networks that provide seamless service delivery; and
- Support models that increase health equity among populations heavily impacted by HIV.

## Section 2. THE PURPOSE OF THE HPPC

**Bylaws:** *The purpose of the HPPC is to support broad-based community and stakeholder participation in HIV prevention planning, in order to prioritize populations and geographic areas heavily impacted by HIV, identify priority HIV prevention needs, ensure that resources are allocated appropriately, and identify gaps in the service delivery models.*

### 1. Definitions:

**Community:** Community is defined as (1) members of the priority populations who are receiving HIV-related services, and (2) people who are not affiliated with organizations but are infected or affected by HIV and have a passion to address HIV issues.

**Stakeholder:** A person or representative who has personal or professional experience, skills, resources, or expertise that is useful for HIV prevention planning.

### 2. Centers for Disease Control and Prevention (CDC) Letter of Concurrence Process ([www.cdc.gov/hiv/resources/guidelines/index.htm](http://www.cdc.gov/hiv/resources/guidelines/index.htm))

The CDC requires a letter of concurrence, concurrence with reservations, or non-concurrence signed by representatives of the designated Prevention Planning Group (i.e., the HPPC) concurring (or with reservations or not concurring) that the jurisdictional HIV prevention plan demonstrates a collaborative, coordinated, and results-oriented approach to increased access to HIV prevention, care, and treatment services directed to the populations and geographical areas with the greatest burdens of HIV disease so as to achieve reductions in HIV incidence.

The HPPC is expected to inform and review the jurisdictional HIV Prevention Plan and submit a letter to CDC signed by its Co-Chairs on behalf of the Council membership. The *Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*



letter can be one of concurrence, concurrence with reservations, or non-concurrence. The letter should be submitted with the jurisdictional HIV Prevention Plan. The Council should submit a letter annually, as necessary, based on updates or changes to the jurisdictional HIV Prevention Plan.

The following **must** be included in the letter:

- Documentation that the HPPC informed or did not inform the development of the jurisdictional HIV Prevention Plan;
- Description of the process used by the HPPC to review the jurisdictional plan;
- Whether the HPPC concurs with the jurisdictional HIV Prevention Plan;
- If the HPPC concurs with reservations, the letter must provide in detail the reason(s) why it is submitting a concurrence with reservations;
- If the HPPC does not concur, the letter must provide in detail the reason(s) why it is submitting a non-concurrence; and
- Signatures of the Co-Chairs.

The letter **should not**:

- Relate to internal health department issues, such as salaries of individual health department staff;
- Address specific proposed activities; or
- Advocate for a specific group, agency, or issue.

If the CDC does not receive a letter of concurrence, the project officer may initiate the following:

- Obtain more input or information from the Council and health department regarding the non-concurrence or reservations;

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

- Meet with the Co-Chairs and health department staff;
- Negotiate with the health department concerning any issues raised by the HPPC;
- Recommend local mediation between the health department and the HPPC;
- Request that the health department provide a detailed corrective plan to address areas of concern expressed by the HPPC and specify a timeframe for its completion;
- Conduct an on-site comprehensive program assessment to identify and propose steps to the health department to resolve areas of concern;
- Conduct an on-site HPPC assessment focused on specific concerns;
- Develop a detailed technical assistance plan for the jurisdiction to systematically assist in addressing concerns and request technical assistance from CDC's Division of HIV/AIDS Prevention Capacity Building Assistance (CBA) program;
- Place conditions or restrictions on the health department's funding awards; and/or
- Overrule any of the HPPC's objection(s) if the health department can provide fact-based evidence of the collaborative input, development, and review of the jurisdictional plan by the Council.

## Section 3. MEMBERSHIP

### A. Composition and Number of Members

**Bylaws:** A. Composition and Number of Members. *The membership of the HPPC shall be restricted to persons who currently reside in or work in the City and County of San Francisco and shall consist of no fewer than seventeen (17) and no more than twenty-three (23) voting members including the appointed members identified in the Policies and Procedures manual. There will be an additional two (2) non-voting seats for San Mateo and Marin County.*

The HPPC is committed to ensuring that the Council has a diverse representation of the communities heavily impacted by HIV, as well as experts who can provide their professional expertise for ending HIV in San Francisco. The HPPC believes that the best HIV prevention happens when scientific research and community values come together to create a picture of what is happening and what needs to be done. The community planning process is one way this happens. The HPPC is committed to providing leadership to ensure that San Francisco always takes both science and community values into account.

#### **Reside In or Work in the City and County of San Francisco:**

An important requirement to be a voting member of the HPPC is that the individual reside in or work in the City and County of San Francisco. Should an HPPC member or a voting community member's residential or employment status change during his or her term on the Council, she or he should submit this information in writing to the Council Co-Chairs. The notice should contain the date she or he is moving out of the City or leaving her or his employment. The member may choose to serve as an HPPC member for the remainder of the calendar year. It is important to note that while a member's

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

term is two (2) years, if her or his status changes during the first (1<sup>st</sup>) year, the membership would end at the end of that calendar year.

The HPPC will have no fewer than seventeen (17) and no more than twenty-three (23) voting members. The composition of the Council will include ten to sixteen (10 – 16) non-appointed voting members, a Governmental Co-Chair appointed by the health department, six (6) appointed voting members identified in this manual, and two (2) non-voting members, one (1) for each of San Mateo and Marin Counties.

### **1. Non-Appointed Voting Members:**

A total of ten to sixteen (10 – 16) members will fill non-appointed seats for a two-year (2-year) term. The Council recommends that the HPPC strive to satisfy the following criteria to meet the requirements of the non-appointed seats:

- **Individuals who self-identify as HIV-positive:** The Council will strive for at least twenty-five percent (25%) of its members to be self-identified as HIV-positive.
- **Priority populations:** Individuals who belong to and/or represent those who are members of the populations with the highest HIV burden. This includes individuals who self-identify as or have experience working with men who have sex with men (MSM), transfemales, and injection drug users (IDUs).
- **Non-affiliated members:** Individuals who are not paid by an HIV service organization for their time on the Council.

### **2. Roles and Responsibilities of Appointed Voting Members**

In San Francisco, multiple drivers impact HIV prevention, care, and treatment, and the services are supported by several funding sources, as well as administered by several sections of the health department. The HPPC recognizes the importance of having representation of these key organizations on the Council and has six (6) appointed seats for them. As of January 2012, the following seats have been appointed to the HPPC:

- Community Behavioral Health Services,

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

- Community-Oriented Primary Care,
- HIV Health Services Planning Council,
- Housing,
- Jail Health Services, and
- Disease Prevention and Control.

Appointed voting members speak for the section or organization they are selected to represent. The appointed voting members must adhere to the Roles and Responsibilities of HPPC members identified on pp 20-23 but must also be able to:

- Have access to organizational or department-level information and the ability to bring that information to the Council,
- Regularly share information about organizational or department-level HIV program and policy efforts with the Council,
- Have the authority to vote on proposed HPPC motions at the organizational or department-level, and
- Participate in at least sixty percent (60%) of meetings, as required by the attendance policy on pp 21-24.

An appointed voting member may identify an alternate to represent her or his organization in her or his absence. The alternate must participate in the new-member orientation and be able to serve as a full member of the HPPC. Alternates are permitted to vote on motions, but must not base their votes on personal opinions and must, instead, act on behalf of the perspectives of the organizations they represent.

### **3. Non-Voting Members:**

In order to ensure that the voice of the Metropolitan Division (MD) supported by the health department's Cooperative Agreement is supported in the prevention planning process, the HPPC has two (2) non-voting seats, one (1) for each of San Mateo and Marin Counties. The rationale for these seats being non-voting is that the scope of work *Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

of the HPPC is for the health jurisdiction of the City and County of San Francisco. However, the HPPC recognizes the importance of having the neighboring counties represented to support the needs of the populations of those counties.

Non-voting members speak for the counties they are selected to represent. They must adhere to the Roles and Responsibilities of HPPC members identified on pp 20-23, but must also be able to:

- Present as appropriate about HIV prevention, treatment, and care within their counties (e.g., local epidemiology, prevention strategies, and/or treatment services) that will help inform the Council's work,
- Regularly share information about county-level HIV prevention, treatment, and care efforts with the Council, and
- Participate in at least sixty percent (60%) of the meetings, as required by the attendance policy on pp 21-24.

A non-voting member may identify an alternate to represent her or his county in her or his absence. The alternate must participate in the new-member orientation and be able to serve as a full non-voting member of the HPPC. The alternate must represent the perspective of the county she or he represents.

## **B. Application, Selection, and Appointment of Members**

**Bylaws:** B. Application, Selection and Appointment of Members. *Applications for membership to the Council are solicited through an open, public, and proactive process. The protocol for submission, review of applications, selection and appointment of Council members should be clearly delineated in the Policies and Procedures manual. Parity, inclusion, and representation (PIR) for the HPPC shall be understood in terms of the HIV epidemiologic profile of San Francisco, not the national profile, and this shall be reflected in the composition of the full Council.*

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

The HPPC strongly values diverse representation and builds on the concepts of parity, inclusion, and representation (PIR) described in the CDC's HIV Planning Guidance. While interrelated, these three (3) concepts are distinct and are described below:

**Parity:**

Parity, according to the CDC Guidance, is “the condition whereby all members of the HIV prevention community planning group are provided opportunities for orientation and skills building to participate in the community planning process and to have equal voice in voting and other decision-making activities.”

**Inclusion:**

Inclusion, according to the CDC Guidance, is “the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process.”

**Representation:**

Representation, according to the CDC Guidance, is “the assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors.”

The Council is committed to ensuring that the application, selection, and appointment of members are conducted in a manner that is transparent and has full integrity. The members of the Council are solicited through an open, public, and proactive process. The protocols for submission of applications, their review, and the selection and appointment of Council members are as follows:

**1. Non-Appointed Members:**

- 1) The Executive Committee will review the membership of the Council on an ongoing basis and determine what gaps, if any, exist in its composition.
- 2) Any gaps in membership, which will be based on the selection criteria for non-appointed seats, will be presented by the Executive Committee to the Council.

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

- 3) Health department staff will distribute applications for membership and will notify applicants that their applications have been received. Health department staff will also compile and present application materials to the *ad hoc* Membership Working Group.
- 4) The *ad hoc* Membership Working Group will conduct the initial screening of applicants for basic qualifications and assess appropriateness of each candidate according to the Non-Appointed seat's demographic, expertise, and experience needs.
  - a. The *ad hoc* Working Group will be comprised of one Committee Chair (this role will be filled by a member of the Executive Committee) and three (3) to five (5) non-appointed voting members.
  - b. Participation in the *ad hoc* Working Group by non-appointed voting members will *not* fulfill the requirement to take part in a working group.
  - c. The length of the term served by *ad hoc* Membership Working Group members will be determined at the first meeting of the *ad hoc* Membership Working Group.
- 5) Health department staff will call all selected applicants to schedule their interview and reserve a room for the interviews.
- 6) Select applicants will be interviewed by a three-member panel comprised of Ad Hoc Membership Working Group members and if needed, a former HPPC member or community member who represents the Non-Appointed seat to be filled. This interview panel will assess applicants according to the criteria outlined for Non-Appointed seats, including demographics, expertise, experience, enthusiasm, and commitment.
- 7) The Ad Hoc Membership Working Group will make recommendations for new appointees to the Executive Committee.
- 8) The Executive Committee will vote to approve the recommended list of new appointees.



- 9) Health department staff, on behalf of the Executive Committee, will compile the recommended list of appointees and will forward that list to the Director of Health for his/her consideration and appointment to the HPPC.

**2. Appointed Voting Members:**

- 1) Each organization or department that has an Appointed seat will identify a primary representative. The Appointed voting member can identify an alternate to the seat to represent their section and/or organization in their absence. The alternate must be willing to participate in the member orientation and be part of the communication strategy identified by the HPPC.
- 2) These representatives should have department-level expertise and knowledge that will be relevant to planning and implementing HIV prevention and care in San Francisco.
- 3) Appointed members and alternates speak on behalf of the section and/or organization that they represent rather than on personal opinion.

**3. Non-Voting Members:**

- 1) San Mateo and Marin Counties will each select a primary representative who will fill the roles and responsibilities of Non-Voting members.
- 2) Non-voting members can identify an alternate to the seat to represent their county in their absence. The alternate must be willing to participate in the member orientation and be part of the communication strategy identified by the HPPC.
- 3) Non-voting members and alternates speak on behalf of the county they represent rather than on personal opinion.

### **C. Term of Office for Non-Appointed Members**

**Bylaws:** C. Term of Office. *The regular term of office on the HPPC shall be twenty-four (24) months, in addition to a provisional period of at least two (2) months. Members may apply for re-appointment. Policies regarding additional terms are to be determined by the HPPC. Should a member resign before his/her term has expired, an individual may be appointed from the list of eligible applicants maintained by the Executive Committee to finish the term, after which the new member may apply for re-appointment.*

Membership on the HPPC is for a two-year (2-year) term based on a calendar year. The provisional period of at least two (2) months will occur in the calendar year immediately preceding appointment to the Council.

Should a member resign before her or his term has expired, the individual who fills the vacant seat will finish the term of the original member.

Members who have been on the HPPC for two (2) years and who wish to be reappointed to an additional two-year (2-year) term do not have to go through the application and selection process. The health department staff is responsible for determining whether members intend to continue with a subsequent term. Provided that the Executive Committee has no objections, the health department staff shall then send a letter to the Director of Health requesting reappointment of each such member before the expiration of the member's current term. This process shall continue from each term to the next. There are no term limits for membership on the HPPC.

## D. Termination or Resignation of Members

**Bylaws:** D. Termination and Resignation. *The HPPC shall establish policies and procedures for the dismissal of members from the HPPC, and Working Groups due to failure to fulfill their responsibilities. A member may resign from the HPPC at any time by notifying the Co-Chairs in writing. Individuals who resign or are dismissed from the HPPC or a Working Group may continue to participate in HPPC activities and meetings as members of the public and are eligible to reapply for membership in the future.*

Standards for member participation are necessary to ensure an effective and efficient community planning process. Should a member be unable to fulfill her or his Roles and Responsibilities on the HPPC or as a community member of a working group, this policy outlines ways of discontinuing membership.

HPPC members and community members of working groups may be dismissed or asked to resign from the Council or their working group, for “failure to fulfill their responsibilities or requirements.” These responsibilities are described in the Bylaws as well as in the Roles and Responsibilities for members on pp. 21-24 in this manual.

### Dismissal for Issues Unrelated to Attendance, Residence, or Employment Status

Should the HPPC Co-Chairs determine that an HPPC member or a community member of a working group is not fulfilling her or his responsibilities, they shall request that the Executive Committee consider her or his membership status. The Co-Chairs shall also notify the member, both verbally and in writing, that her or his membership status will be discussed at the next Executive Committee meeting at least seventy-two (72) hours before the meeting. The Executive Committee shall vote on an action to take as follows:

- retain the member,
- ask the member to resign from the HPPC or working group,

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

- dismiss the member from the HPPC or working group, or
- some other appropriate option.

The Co-Chairs shall notify the member of the Executive Committee's decision both verbally and in writing.

### Resignation

Should an HPPC member or a community member of a working group wish to resign from the Council or her or his working group, she or he should submit her or his resignation in writing to the Council Co-Chairs. The notice should contain the date the resignation takes effect.

### **E. Status Change of Members**

**Bylaws:** E. Status Change. *A voting member whose residential or employment status changes after appointment to the HPPC, making him/her ineligible for membership under the provisions of any article of these bylaws, may, nevertheless, serve out the remainder of the calendar year.*

Should a voting HPPC member's or a working group community member's residential or employment status change during her or his term on the Council or working group, she or he should submit this information in writing to the Council Co-Chairs. The notice should contain the date she or he is moving or leaving her or his employment. The member may choose to serve out the remainder of the calendar year. It is important to note that while a Council member's term is two (2) years, if the member's status changes during her or his first (1<sup>st</sup>) year of membership, the membership would end at the end of that calendar year.

## **F. Responsibilities of Members**

**Bylaws:** F. Responsibilities. *HPPC members are responsible for attending all full HPPC meetings and at least one community-engagement meeting each year and participating in at least one Working Group each year.*

The HPPC is committed to working as a group to make recommendations about the HIV System of Prevention in San Francisco. HPPC members believe that effective planning requires input from a broad range of community experts. Broad public involvement in decision making that acknowledges both diversity and mutuality of interests is preferable to the involvement of a few people that reflects only special interests and/or individual perspectives. Broad public involvement in decision making carries with it the responsibility for making high-quality decisions. The HPPC believes in the principles of equity and fair play embodied in PIR.

### **Roles and Responsibilities of HPPC Members:**

- Attend all regular meetings of the HPPC and take part in at least one (1) working group and one (1) community-engagement meeting each year;
- Prepare for all HPPC and working-group meetings by reading the pre-meeting materials, including the minutes of the previous meeting;
- Work with the health department to identify priority populations to receive HIV prevention services based on a thorough review of the epidemiologic, evaluation, behavioral, and other data on San Francisco's populations and communities;
- Review the jurisdictional HIV Prevention Plan;
- Keep informed about HIV prevention issues;
- Communicate respectfully with fellow Council members, the public, health department staff, and all others involved in the community planning process;
- and

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

- Review the health departments Cooperative Agreement application to the CDC for federal HIV-prevention funds, including the proposed budget, and vote to send a letter of concurrence, concurrence with reservations, or non-concurrence.

#### Attendance Policy:

Being a member of the HPPC requires a significant commitment of time and energy in order to ensure an effective community planning process that advances the mission and goals of the HPPC. Further, the CDC requires that the community planning process be committed to PIR. PIR requires that all Council members receive the same information and the same orientation and training on the community planning process and have a chance to develop similar skills in community planning. Regular attendance is, therefore, essential to each member's effort and is also a matter of fairness to other members.

It is recognized by the HPPC that some members are living with HIV/AIDS, and/or other disabling conditions, including mental-health- and substance-use-related issues. Members may also have unforeseen life circumstances that arise during their terms that may require time away from Council-related responsibilities. This attendance policy is designed to balance these issues by setting reasonable standards for absenteeism while establishing a minimum level of participation that all Council members must meet.

While there are many reasons that a person may not be able to attend all meetings, it is clear that a pattern of nonattendance is a challenge to ensuring PIR. Therefore, the attendance policy should not be considered punitive; rather, it is an accurate reflection of what the Council needs from its members for effective community planning.

The health department is committed to ensuring that all HPPC members and community working-group members clearly understand the attendance policy so that it is simple to ***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

adhere to, as well as applied fairly to all members. The policy will be presented at each new-member orientation, as well as distributed to all members at the beginning of each Council year. The health department will assign a staff member to support member attendance and will notify members of absences so that any attendance issues that arise can be addressed quickly and appropriately.

**Definitions:**

Excused Absences: Excused absences are those resulting from a court order or being sent to a conference, meeting, or other assigned activity on behalf of the HPPC.

Excused Absence Due to Court Order: If a member misses a meeting or meetings due to a court order, she or he will be considered excused and should provide a copy of the court-approved paper work to the assigned health department staff member.

Excused Absences Due to a Disabling Condition: One (1) additional excused absence is provided for HPPC members who have self-identified as having a disabling condition.

Unexcused Absences: All other absences are considered unexcused.

HPPC members are responsible for attending all full Council meetings and at least one (1) community engagement meeting each year and for participating in at least one (1) working group each year. If there are changes to the annual HPPC meeting schedule, the Co-Chairs will make every effort to give advance notice of such changes. If such notice is not possible, a member's absence from such a meeting will not be counted.

A member who is unable to fulfill the attendance requirement listed below will be automatically dismissed from the Council:

Attending a minimum of sixty percent (60%) of the total of required full HPPC meetings, working group meetings, and one (1) community engagement meeting.

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

*For example: In a given year, a member may have to attend four (4) full council meetings, one (1) community engagement meeting, and at least one (1) working group that is scheduled to have five (5) meetings. This will be a total of ten (10) meetings. In order to stay in good standing, the member would have to attend a minimum of 60% of the meetings. This means that must attend at least six (6) meetings.*

A member who has self-identified that she or he has a disabling condition will be provided one (1) additional excused absence. In order to ensure that the Community Health Equity & Promotion Branch (CHE&P) staff tracks attendance correctly, the member must inform the identified staff that she or he has a disabling condition that can impact her or his attendance before she or he has missed fifty percent (50%) of the total planned meetings.

Community Working-Group Members:

Community working-group members are required to attend regularly scheduled working-group meetings at their scheduled dates and times.

A community working-group member who is unable to fulfill the attendance requirement listed below shall result in the community member's automatic dismissal from the working group:

- Attending a minimum of sixty percent (60%) of the working group's meetings.

**Process for Informing HPPC Members of Attendance Status:**

Attendance records shall be maintained for full Council, working group, and community-engagement meetings. An attendance report is available on request to each HPPC member on a quarterly basis by an assigned CHE&P staff member.

An HPPC member who misses twenty percent (20%) of the required meetings will receive a warning letter to inform her or him of her or his attendance status. The letter *Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*



will indicate the number of meetings and percentage of meetings missed and will indicate how many absences the person has left in order to remain in good standing (e.g., “Please note that if you miss two (2) more meetings you will not fulfill your attendance requirements as identified in the HPPC Policies and Procedures Manual and, therefore, will be automatically dismissed as a member.”)

**Process for informing Community Working-Group Members of Attendance Status:**

As for HPPC members, attendance records shall be maintained for community working-group members. An attendance report shall be made available upon request on a quarterly basis by an assigned CHE&P staff member. A community working group member who misses twenty percent (20%) of the assigned meetings will receive a warning letter informing her or him of her or his attendance status. The letter will indicate the number of meetings and percentage of meetings missed and will indicate when the person will be dismissed (e.g., “Please note that if you miss two (2) more meetings, you will not fulfill your attendance requirements as identified in the HPPC Policies and Procedures Manual and, therefore, will be automatically dismissed as a member.”)

**Who Is Affected by Changes in Attendance Policy:**

All members of the HPPC and working groups, as well as any persons becoming members of the HPPC or working groups after the date that changes to the HPPC Bylaws, policies, or procedures have been approved, are affected by changes in the following ways:

- Absences occurring prior to the policy change, but within the calendar year, shall be interpreted under the definition of excused vs. unexcused spelled out in the old policy. Any absences occurring after the adoption of the new

policy shall be interpreted under the definition of excused vs. unexcused in the new policy.

- Should the new policy establish fewer permitted absences, members shall be subject to the new rule as of the date of passage of the new policy. However, those members who have reached their maximum number of excused absences under the old policy, and thus have exceeded the number of permitted absences under the new policy, shall not be terminated unless they have an additional absence as defined in the new policy.

### **G. Conflict of Interest**

**Bylaws:** G. Conflict of Interest. *It shall be assumed that members have no conflict of interest as they undertake the activities of the HPPC. In all activities, particularly ones that result in recommendations concerning the allocation of funds or assessment and evaluation of programs and needs, should a member have a conflict of interest, he/she shall declare the nature of his/her conflict prior to voting on that item.*

Conflict of interest is defined as an actual or perceived interest (i.e., bias) that results in or has the appearance of resulting in personal, organizational, or professional gain. Actual or perceived bias is based on a variety of possible affiliations with organizations and other entities. The HPPC acknowledges that there is an inherent but necessary element of conflict of interest built into the community planning process, particularly concerning the Cooperative Agreement vote. It is important for the health department and Community-Based Organizations (CBOs) to participate in HIV prevention community planning because they are the groups that implement HIV prevention; therefore, despite the fact that much of their funding comes from the Cooperative Agreement, HPPC members from the health department and CBOs are permitted to vote on the letter of concurrence. This type of conflict of interest is exempt from the policy outlined below.

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

In order to conform to health department's policies on conflict of interest, an HPPC member shall not vote on any matter in which she or he

- has a direct financial interest;
- serves as a current (or former, if within two (2) years) board member; or
- serves as a current (or former, if within two (2) years) employee or paid consultant of the organization in question or a competing applicant agency.

Conflict of interest is present when the outcome of a vote could potentially directly result in financial benefit to a Council member or the agency with whom she or he is affiliated as defined in the immediately preceding paragraph. Council members affiliated with CBOs do not have a conflict of interest when voting on the letter of concurrence or on priority populations, because their votes would not result in direct financial benefit to them or their agencies (i.e., the vote does not dictate allocation of funds). HPPC members who are health department employees are also permitted to vote on these matters.

Conflict of interest is also present when a member is advocating for a specific program or agency rather than for the best way to conduct HIV prevention activities in San Francisco. Therefore, a Council member who works for agency X and who advocates for increased funding for a prevention case- management program at agency X has a conflict of interest. However, a Council member who works for agency Y, which serves African-American MSM, may advocate for prioritizing prevention case-management for African-American MSM without necessarily having a conflict of interest, unless the related vote could have a direct effect on agency Y's funding.

In the event of an apparent (real or potential) conflict of interest, the HPPC member shall state that she or he has a conflict and shall identify the nature of that conflict before or during the related roll-call vote. Members may also point out real or potential conflicts of interest among other members before a roll-call vote. A member with a

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

conflict of interest may participate in Council discussion but must abstain from voting on the relevant item. If a member disputes that she or he has a conflict of interest, the presiding Co-Chair shall rule on whether she or he may vote on the item. If one of the Co-Chairs has a conflict of interest or apparent conflict, the HPPC shall vote on whether the Co-Chair may vote on that item. To facilitate this process, prior to each vote on an issue deemed controversial and that has the potential of affecting HIV prevention agency programs or funding, the presiding Co-Chair shall ask if any voting member has a possible conflict of interest.

## **H. Stipend**

**Bylaws:** *H. Stipend. Any HPPC member who is not otherwise being reimbursed for his/her participation on the HPPC may be compensated through a stipend based on policies established by the HPPC or from the City and County.*

In its efforts to encourage participation of youth, individuals with HIV disease, and those who do not work for organizations involved in HIV prevention, treatment, or care, the HPPC has established a fund offering a small stipend for its members for official meetings of the HPPC. Appointed members of the HPPC are not eligible to receive stipends. The specific policies and procedures for receipt of moneys in the fund are as follows:

The amount of the stipend shall be determined based on the amount of money available and the number of individuals who apply. Eligible Council member wishing to receive a stipend will be reimbursed at a rate of ten dollars (\$10) per hour for their attendance and participation in official HPPC meetings. The amount of each stipend shall not exceed six hundred dollars (\$600) per year and is subject to the availability of funds. Individuals wishing to apply for a stipend should submit requests in writing to the health department quarterly (March, June, September, and December). Appointed members of the HPPC who work for the government are not qualified to receive a stipend. The ***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

requests should state that the member is not being reimbursed by any entity for her or his participation in the HPPC. The stipend shall be awarded quarterly and be paid after the period of service has been completed.

## **Section 4: OFFICERS**

### **A. Co-Chairs**

*Bylaws: A. Co-Chairs. There will be three officers (Co-Chairs) of the HPPC. The three Co-Chairs are: one (1) Governmental Co-Chair, who is the Director of the Community Health Equity & Promotion Branch or a staff member of the Health Department who is assigned by CHEP Director; and two (2) Community Co-Chairs who are HPPC voting non-appointed members.*

#### **1. Governmental Co-Chair**

The Governmental Co-Chair works with the Community Co-Chairs to oversee the HIV prevention community planning process and to provide leadership to the Executive Committee and HPPC. The Governmental Co-Chair ensures that all members understand and exercise their responsibilities, and she or he is ultimately accountable for ensuring that the HPPC accomplishes its mission and goals. The Governmental Co-Chair is the Director of Community Health Equity & Promotion Branch or a staff member of the Health Department who is assigned by CHEP Director for a term determined by her or him.

#### **2. Community Co-Chairs**

The HPPC elects two Community Co-Chairs to work with the Governmental Co-Chair to oversee the HIV prevention community planning process and provide leadership to the

Executive Committee and HPPC. They ensure that all members understand and exercise their responsibilities and that the HPPC accomplishes its mission and goals.

### **B. Election of Community Co-Chairs**

**Bylaws:** B. Election of Community Co-Chairs. *Community Co-Chairs shall be elected by the HPPC members from among individuals who have been voting HPPC members for at least six (6) months.*

The HPPC strives to maintain diversity in its leadership. In electing Community Co-Chairs, HPPC members shall strive for gender and ethnic balance among all three (3) Co-Chairs. To foster diversity in leadership over time, a Community Co-Chair may not serve more than two (2) terms.

### **C. Terms of Community Co-Chairs**

**Bylaws:** C. Terms of Community Co-Chairs. *The Community Co-Chairs shall be elected for an initial term of two (2) calendar years on a staggered-term basis. Regular elections shall be held so that one Community Co-Chair is elected in odd-numbered years and the other in even-numbered years. A Community Co-Chair can run in no more than two (2) regular elections. A Community Co-Chair may be elected in a special election to fill out the term of a Community Co-Chair who has resigned. If the remainder of the term is one (1) year or less, the Community Co-Chair can run in up to two (2) later regular elections; if the remainder of the term is more than one (1) year, the Community Co-Chair can run in no more than one (1) later regular election. Thus, the maximum lifetime length of service for a Community Co-Chair is sixty (60) months.*

Regular elections shall be held so that one (1) Community Co-Chair is elected in odd-numbered years and the other in even-numbered years. A Community Co-Chair can run in no more than two (2) regular elections. A Community Co-Chair may be elected in a

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

special election to fill out the term of a Community Co-Chair who has resigned. If the remainder of the term is one (1) year or less, the new Community Co-Chair can run in up to two (2) later regular elections; if the remainder of the term is more than one (1) year, the Community Co-Chair can run in no more than one (1) later regular election. Thus, the maximum lifetime length of service for a Community Co-Chair is sixty (60) months. An HPPC member becomes eligible to run for a Community Co-Chair seat six (6) months after her or his first (1<sup>st</sup>) HPPC meeting at which she or he becomes a voting member.

#### **D. Resignation of a Community Co-Chair**

**Bylaws:** D. Resignation of a Community Co-Chair. *If a Community Co-Chair resigns from office prior to the end of his/her two (2)-year term, the HPPC shall elect another Community Co-Chair who will serve the remainder of the unexpired term.*

Should a Community Co-Chair wish to resign from the position, she or he should submit her or his resignation in writing to the Executive Committee. The notice should contain the date the resignation takes effect. Should a Community Co-Chair resign before her or his term has expired, the member who fills the vacant seat finishes the term of the Co-Chair she or he is replacing.

#### **E. Roles and Responsibilities of Co-Chairs**

**Bylaws:** E. Responsibilities of the Co-Chairs. *The Co-Chairs are responsible for presiding at full HPPC meetings on a rotating basis, developing the agendas for full HPPC meetings jointly with the Executive Committee, determining the HPPC and Working Groups objectives jointly with the Community Health Equity & Promotion Branch, and carrying out member-dismissal procedures.*

#### **Governmental Co-Chair Roles and Responsibilities:**

The following describes the roles and responsibilities of the Governmental Co-Chair as described in the Bylaws and this manual:

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

- Communicate the governmental perspective on HIV prevention to the HPPC;
- Mentor Community Co-Chairs;
- Serve as the public face of the HPPC at conferences, at events, and in the media;\*
- Ensure continuity and concordance among Council work, working groups, the HIV Prevention Plan, the Cooperative Agreement, and resource allocation;\*
- Serve as a member of the Executive Committee (Governmental and Community Co-Chairs);\*
- Preside at full Council meetings on a rotating basis with the Community Co-Chairs; if the Governmental Co-Chair is slated to preside at a Council meeting but she or he is unable to do so, she or he may designate a staff member of the Community Health Equity & Promotion Branch to facilitate that Council meeting and vote on behalf of the health department;\*
- Follow up on member absenteeism and carry out member dismissal procedures;\*
- Determine the annual scope of work of the HPPC, its support staff, and its consultants;\*
- Form appropriate working groups;\*
- Assign HPPC and community members to working groups;\*
- Develop agendas for full Council meetings;\*
- Develop improved ways to operate the HPPC;\* and
- Act as the first-level arbiter in resolving grievances.\*

\*Roles shared with other parties (e.g., the Community Co-Chairs, the Executive Committee, and the health department).

### **Community Co-Chairs Roles and Responsibilities:**

The following describes the roles and responsibilities of the Community Co-Chairs as described in the Bylaws and this manual:

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*



In addition to adhering to the roles and responsibilities of an HPPC Member, the Community Co-Chairs are expected to:

- Serve as the public face of the HPPC at conferences, events, and in the media;\*
- Ensure continuity and concordance among Council work, working groups, the HIV Prevention Plan, the Cooperative Agreement, and resource allocation;\*
- Serve as members of the Executive Committee;\*
- Sign official documents;\*
- Preside at full Council meetings on a rotating basis with the Governmental Co-Chair;\*
- Follow up on member absenteeism and carry out member dismissal procedures;\*
- Determine the annual scope of work for the HPPC, its support staff, and its consultants;\*
- Form appropriate working groups;\*
- Assign HPPC and community members to working groups;\*
- Develop agendas for full Council meetings;\*
- Develop improved ways to operate the HPPC;\* and
- Act as the first-level arbiters in resolving grievances.\*

\*Roles shared with other parties (e.g., the Governmental Co-Chair, the Executive Committee, and the health department).

## **F. At-Large Members**

**Bylaws:** F. At-Large Members. *There will be two (2) at-large members of the HPPC.*

In order to support strong leadership among HPPC members, the HPPC will elect two (2) individuals to be At-Large members. At-Large members work collaboratively and constructively to further the mission and goals of the HPPC by considering both the needs of their community and the needs of all HIV-affected persons in San Francisco in

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

their discussions and decision making. In special circumstances At-Large member can be added as needed through a special election.

### **G. Election of At-Large Members**

**Bylaws:** G. Election of At-Large Members. *At-Large members shall be elected by HPPC membership from within. Any active member can apply for an At-Large position including appointed and non-appointed members.*

In order to be elected to the position of an At-Large member, a Council member must be a voting member including appointed and non-appointed members.

### **H. Terms of At-Large Members**

**Bylaws:** H. Terms of At-Large Members. *The At-large members shall be elected for an initial term of two (2) calendar years. An At-Large member may be elected in a special election to fill out the term of an At-Large member who has vacated the position. If a person is finishing the term of a vacated seat, his/her term shall be completed at the end of the initial two (2)-year term.*

At-Large members are elected for an initial term of two (2) calendar years. An At-Large member may be elected in a special election to fill out the term of an At-Large member who has resigned from the position. If an At-Large member resigns from office prior to the end of her or his two-year (2-year) term, the member elected to fill the vacated position will complete the two-year (2-year) term.

### **I. Resignation of At- Large Members**

**Bylaws:** I. Resignation of At- Large Members. *If an At-Large member resigns from office prior to the end of his/her two (2)-year term, the HPPC shall elect another At-Large member who will serve the remainder of the unexpired term.*

Should an At-Large member wish to resign from the position, she or he should submit her or his resignation in writing to the Executive Committee. The notice should contain the date the resignation takes effect. If an At-Large member resigns before her or his term has expired, the individual who fills the vacant seat finishes the term of the original At- Large member.

#### **J. Responsibilities of At-Large Members**

**Bylaws:** J. Responsibilities of At-Large Members. *The At-Large members work with the Co-Chairs to develop the agendas for full HPPC meetings, determining the HPPC and Working Groups' objectives jointly with the Community Health Equity & Promotion Branch, and carrying out member-dismissal procedures. If a Community Co-Chair cannot attend a full HPPC meeting, an At-Large member shall step in to support the proceeding of the meeting.*

#### **Roles and Responsibilities of At-Large Members:**

In addition to adhering to the roles and responsibilities of an HPPC member, an At-Large member is expected to:

- Participate as a voting member of the Executive Committee;
- If a Community Co-Chair cannot attend a full Council meeting, an At-Large member shall facilitate the proceeding of the meeting; this can be done on a rotating basis or based on the availability of the At-Large members;
- Determine the annual scope of work for the HPPC, its planning support staff, and consultants;\*
- Form appropriate working groups;\*
- Assign HPPC and community members to working groups;\*
- Develop agendas for full Council meetings;\*
- Develop improved ways to operate the HPPC;\*
- Act as the first-level of intervention in resolving grievances.\*

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

\*Roles shared with other parties (e.g., Executive Committee, the three (3) Co-Chairs).

## Section 5: MEETINGS

### A. State and Local Ordinances

**Bylaws:** A. State and Local Ordinances. *The HPPC shall abide by state and local ordinances pertaining to meeting procedures, and where these bylaws conflict with such ordinances, the ordinances shall supersede these bylaws.*

The State of California and the City and County of San Francisco have ordinances that regulate meetings. As an official Council of the City and County of San Francisco, the HPPC must follow these ordinances. The ordinances are described immediately below. While the CDC encourages the use of electronic media to increase access and efficiency, these ordinances require all HPPC and subgroup meetings to take place in person.

#### 1. Sunshine Ordinance

The Sunshine Ordinance adopted by the residents of the City and County of San Francisco declares that:

- Government's duty is to serve the public, reaching its decisions in full view of the public.
- Commissions, boards, councils, and other agencies of the City and County exist to conduct the people's business. This ordinance will assure that their deliberations are conducted before the people and that City operations are open to the people's review.

More information on the Sunshine Ordinance and the Sunshine Ordinance Taskforce can be found on the City and County of San Francisco website at

<http://www.sfbos.org/index.aspx?page=4459> .

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

## **2. Brown Act**

The Ralph M. Brown Act is California's open-meeting law. The law's intent is that the actions of public commissions, boards, and councils in California conduct their business openly and that their deliberations be open to the public. More information on the Brown act can be found on the website at

<http://www.vanguardnews.com/brownact.htm> .

## **B. Frequency of Full Council and Working Group Meetings**

**Bylaws:** B. Frequency of Regular Meetings and Special Meetings. *Regular meetings of the full HPPC shall be held on a schedule duly noticed and posted. The Executive Committee and Working Group meetings shall be held as necessary to complete the scopes of work. Special meetings may be called and scheduled by the Co-Chairs or by six (6) or more Council members.*

### **1. Full Council Meetings**

The HPPC should strive to hold no fewer than four (4) and no more than six (6) full Council meetings in each calendar year. The number of meetings will be based on the scope of work approved by the Executive Committee and the full HPPC. At the last full Council meeting of each calendar year, the Executive Committee shall provide a motion to the HPPC that provides it with the number of proposed full Council meetings for the following year. The motion must include the scheduled dates and times of regular meetings. Once approved by the HPPC, the annual schedule must be posted on the Community Collaborations section of SFHIV.org (<http://www.sfhiv.org>).

### **2. Executive Committee Meetings**

The Executive Committee should strive to meet on a monthly basis to conduct the day-to-day operations of the HPPC. The frequency of meeting may change on an annual basis based on the scope of work approved by the HPPC.

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

### **3. Working-Group Meetings**

At the last full Council meeting of each calendar year, the Executive Committee shall provide a motion to the HPPC that provides it with the scope of work for the next calendar year. The scope of work will be used to identify the working groups for the next calendar year. The number of working groups shall be balanced with the number of regular Council meetings, with fewer working groups occurring if the number of Council meetings is greater. When the working groups are selected, their numbers of meetings (e.g., one (1) full day or three (3) meetings over three (3) months) and their lengths (e.g., one six-hour (6-hour) meeting or three (3) two-hour (2-hour) meetings) must be determined. If a working group needs more time to complete its task than allotted, it shall request an extension from the Executive Committee, and an extension requires a majority vote. Throughout the calendar year the Executive Committee or Council may request the formation of additional working groups to meet the scope of work or to address newly identified topics; proposals for additional working groups must be brought to the full Council for approval.

### **4. Community-Engagement Meetings**

The HPPC will hold a minimum of one (1) community engagement meetings each year. The format will be based on need and can but range from a one (1) hour to a full-day meeting. The HPPC meeting will aim to involve, stakeholders, representatives from San Mateo, Marin and Alameda County, and members of the community alto all community meetings.

### **5. Special Council Meetings**

Special HPPC Council meetings may be called and scheduled by the Co-Chairs or by six (6) or more Council members. Each member requesting a special meeting must send a written request to the lead health department staff member coordinating the Council's work. The date and time of the meeting is subject to the availability of space to

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

accommodate the requirements identified in this manual. Special meetings are not subject to the attendance policy.

### **C. Meeting Announcements**

**Bylaws:** C. Meeting Announcements. *Each regular and special meeting of the HPPC, Executive Committee and its Working Groups shall be publicly announced at least seventy-two (72) hours in advance of the meeting. Any changes in the location or schedule of meetings shall be publicly announced at least twenty-four (24) hours before the scheduled time of the meeting.*

All regular and special meetings of the full HPPC, Executive Committee, and its working groups shall be publicly announced at least seventy-two (72) hours before the meetings.

The meeting announcement shall be posted in the following areas:

- The Community Collaborations section of SFHIV.org(<http://www.sfhiv.org>);
- The bulletin board at 25 Van Ness Avenue, Suite 500;
- The Government Section of the San Francisco Public Library, Main Branch, in the Civic Center.

The health department will, if possible, notify Council members and, if applicable, working-group members of any changes in the locations or schedules of meetings at least twenty-four (24) hours before the meetings. In case this is not possible, the health department will notify the Council members and, if applicable, working-group members of any changes as soon as they have been identified before the scheduled times of the meetings, and any changes shall be posted in the locations identified above.

## D. Meeting Procedure

**Bylaws:** D. Meeting Procedure. *The rules of meeting procedure, as set forth in the Policies and Procedures Manual, shall govern the meetings of the HPPC, Executive Committee and its Working Groups, except that if the procedures are in conflict with these bylaws, these bylaws shall supersede the procedures except as otherwise provided herein.*

The meeting procedures were adapted with permission of the publisher from **Democratic Rules of Order, Eighth Edition**, Fred & Peg Francis, Cool Heads Publishing; distributed by Gordon Soules Book Publishers, 1354-B Marine Dr W, Vancouver, BC CANADA V7T 1B5]

### 1. The Role of the Presiding Co-Chair or Working-Group Facilitator

The duty of the presiding Co-Chair or working-group facilitator is to ensure fairness in meetings by following the Bylaws, Policies and Procedures outlined in this manual. Members must abide by a ruling of the presiding co-chair or working-group facilitator, except when a point of order is made (see below).

### 2. Meeting Participation

Members must wait to be called on (verbally or with a sign) from the presiding Co-Chair before speaking. Other members should refrain from speaking until the current speaker has finished and they have been called upon.

### 3. Quorum, Simple Majority, Two-thirds majority & Unanimous Consent

**Quorum:** A quorum is the minimum number of members required to be present before decisions can be made. A quorum for a full HPPC meeting, Executive Committee

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*



meeting, or working group is a simple majority—more than one half (1/2)—of voting members. It is the policy of the HPPC to round up to odd numbers.

The presiding Co-Chair or working-group facilitator must determine whether a quorum is present before the meeting is called to order and must track any decrease in the number of members present that might cause the loss of a quorum. The presiding Co-Chair or working-group facilitator should let members know if a loss of a quorum takes place. If a quorum is not present, the meeting may continue, but no votes may take place.

**Simple Majority:** A simple majority (hereafter, called a majority) is a count of “yes” votes that equals more than one-half (1/2) of the quorum, not counting abstentions, for full HPPC meetings, Executive Committee meetings, and working-group meetings. As stated above, it is the policy of the HPPC to round up to odd numbers.

**Two-thirds (2/3) Majority:** A two-thirds (2/3) majority is a count of “yes” votes that equals two-thirds (2/3) of all votes cast. As stated above, it is the policy of the HPPC to round up to odd numbers.

**Unanimous Consent:** Unanimous consent can only be used for routine business, such as the approval of minutes and agendas. Unanimous consent is by the presiding Co-Chair or working-group facilitator asking whether there are any objections; if one (1) or more members object, the item shall be voted on by roll call, as described in the Bylaws.

#### **4. Agendas**

An agenda is the list of items of business to be presented and discussed at a meeting. The agenda is drafted by the health department staff and approved by the Executive Committee or working-group members. The agenda must be published to the members

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

and the public before each meeting as required by the Bylaws. In order for items to be considered for a vote the agenda must indicate that it is either an “action item” or “possible action item.”

## **5. Motions and Decisions**

### **Motions Made by the Executive Committee or Working Groups to the Full Council:**

Motions submitted by the Executive Committee or a working group to the full Council do not require a second, as they come from more than one individual.

Motions should be worded affirmatively, that is, to take an action, accept a report, etc. Discussion of the motion is then in order, and the motion is open for amending, as discussed below. Discussion proceeds by the presiding Co-Chair recognizing in order members who wish to speak to the motion or to amend it.

A new motion cannot be made until the motion on the floor has been withdrawn or voted on, except by any amendments that directly affect the original motion, namely

- To amend the motion, or
- To postpone further discussion of the motion.

**Motions Made by Individual Voting Members:** Individual voting members may submit motions for consideration on agenda items that have been identified for “action”. A member introduces a motion by being recognized by the presiding Co-Chair or working-group facilitator by saying “I move [that an action be taken].” The action is the body of the motion. Motions should be worded affirmatively, i.e., to take an action, accept a report, etc.

A motion submitted by an individual voting member, must be seconded by another voting member calling out “I second the motion,” or simply “Second,” before discussion

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

occurs on the motion. If there is no second, the motion dies. It is customary to allow the mover to speak to a motion first and, if desired, again before it is voted on. Discussion proceeds by the presiding Co-Chair or working-group facilitator recognizing individuals wish to speak in order.

A new motion cannot be made until the motion on the floor has been withdrawn or voted on, except by any amendments that directly affect the original motion, namely.

- To amend the motion, or
- To postpone further discussion of the motion.

**Privilege to Withdraw a Motion:** During discussion of a motion it may become clear that the motion is not ready for action. The member proposing the original motion may choose to withdraw it before it is voted on.

**Decisions** result from motions that are passed.

**Special meetings:** A special meeting (as described in the Bylaws) can make decisions only on topics stated in the notice of that meeting.

## **6. Amendments to Motions**

During discussion of a motion, ideas for improving it may be presented. A voting member may move an amendment to the original motion. An amendment may delete, substitute, or add words that modify the original motion on the floor, but it must not negate or change the original intent of the motion.

In order for the motion to amend be accepted, it must be seconded by another voting member. If there is no second, the amendment dies. An amendment, once recognized by the Co-Chair or working-group facilitator and seconded, immediately becomes a new motion on the floor, temporarily replacing the original motion, and follows the procedures identified in Section 7: **Motions** above. The details of the proposed

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

amendment are discussed, not the original motion, in the same way as the original motion and then the amendment is voted on. An amendment cannot be itself amended, but it can be defeated and replaced with another amendment.

**If the amendment passes,** the chair should read out the newly amended motion, which is now a new motion to be discussed, if desired, and voted on.

**If the amendment fails,** the previous motion becomes again the motion on the floor.

## **7. Voting Process**

When all members who wish to speak have done so, the chair should call the roll of those present for their votes.

**Calling for a vote:** The presiding Co-Chair or working-group facilitator will ask “is the item ready for a vote?” A member who believes a vote is being called for too soon or is being delayed too long may raise a Point of Order (see Section 13: **Mutual Respect and Points of Order** below) and may move that “we delay the vote for further discussion” or that “we vote now,” as appropriate to the situation. Such a motion needs a second and is voted on without discussion.

**Members’ right to speak:** Every member has a right to speak at least once regarding a motion, but, in a large meeting, the chair may limit speakers’ time if no one objects, or, if a member objects, a motion to limit time may be passed with little or no discussion. After the members have decided to vote, the chair should read the motion to be voted on so as to make certain all members understand it and then should call the roll and announce the result of the vote.

## **8. Mutual Respect & Points of Order**

Members must respect the rights of other members to their own judgment on issues. Decisions should be based on consideration of the facts of an issue, rather than on the

skill of speakers or an opinion of how others may vote. (Refer to Rules of Respectful Engagement)

**Points of order:** A member who believes that good order is being breached may, at any time, say “Point of order.” The presiding Co-Chair or working-group facilitator should immediately acknowledge this member, and ask the member to briefly explain why she or he believes good order is being breached. The presiding Co-Chair or working-group facilitator then rules on the point, either by correcting the situation or explaining why it is in order.

If the presiding Co-Chair declares that the situation is in order, the member may exercise **one (1) last option** by saying “I request a vote on this point of order.” First the member and then the presiding Co-Chair or working-group facilitator briefly explain their reasons. Then, the facilitator calls the roll for a vote on the point of order, and the members must abide by the result of the vote.

## **E. Open Meetings**

**Bylaws** E. Open Meetings. *All meetings of the HPPC, Executive Committee and its Working Groups shall be open to any interested person.*

### **1. Location**

The HPPC cannot conduct any meetings, forums, or other functions in any facility that excludes persons on the basis of actual or presumed class identity or characteristics, or that is inaccessible to persons with physical disabilities, or where members of the public may not be present without making a payment or purchase. Whenever the HPPC anticipates that the number of people attending a meeting will exceed the legal capacity of the meeting room, any public address system used to amplify sound in the meeting room shall be extended by supplementary speakers to permit the overflow audience to

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

listen to the proceedings in an adjacent room or passageway, unless such supplementary speakers would disrupt the operation of the location.

## **2. Public Comment**

The public comment period at full HPPC, Executive Committee, working-group, and special meetings is an important opportunity for community voices to be heard on matters relevant to Council business. Public comment is not a time for personal attacks on Council members, staff, or members of the community. The HPPC has a responsibility to maintain a safe and productive working environment for its members.

HPPC members are interested in hearing from the community about their concerns and recommendations regarding HIV prevention issues facing San Francisco. In an effort to make this opportunity available to as many members of the community as possible, the HPPC has established a public comment policy that permits community members to speak on both matters of general concern and on items listed in the current meeting's agenda. This policy is in compliance with the requirements on public comment established by the Brown Act and the Sunshine Ordinance. For agenda items, members of the public have an opportunity to address the HPPC when the item is reached in the meeting. Each member of the public may address the HPPC for up to three (3) minutes.

### **A. General Public Comment**

General public comment shall be allowed near the beginning of every HPPC agenda. At that time, the public may address the HPPC on items of interest to the public that are within the jurisdiction of the HPPC but that are not on the meeting's agenda.

The Brown Act forbids the HPPC from taking action or discussing any item not appearing on posted agendas, including items raised during public comment.

### **B. Public Comment concerning Other Business**

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

Public comment shall also be placed at the end of every agenda, under the heading Other Business. This is an opportunity for Council members and the public to bring up topics for discussion, provided that any action is delayed until proper notice can be provided. Have additional agenda items as other business to allow for other conversations to occur.

### **C. Public Comment on Action Items**

The public has the right to comment before any item up for a vote before the HPPC. The public-comment period shall take place after the Council members have completed their discussion on the item and immediately before voting. Members of the public may present their comments. However, since the discussion is finished, members of the Council cannot respond to the public comment.

### **Procedures for Public Comment at Full Council Meetings**

The presiding HPPC Co-Chair will enforce the following guidelines:

1. Each guest must complete a Public Comment Registration Form (available at the materials table) and give it to the designated health department staff member or a Co-Chair. If a guest would like to distribute materials, she or he will include a copy of the materials with the public comment form. The Co-Chairs who are not facilitating will review the materials and indicate to the guest whether the materials can or cannot be placed on the materials table.
2. The presiding HPPC Co-Chair will indicate to all present what the rules governing public comment are. This will include a reminder urging each speaker to practice respectful engagement with the HPPC and one another and to avoid personal attacks, the use of labels, and interrupting others. This will also include a request that speakers limit comments to issues pertaining to the jurisdiction of the HPPC or the agenda item being addressed.
3. No speaker at any meeting shall make defamatory or abusive personal remarks, charges, or complaints against any member or officer of the HPPC

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

or staff or consultants assigned to the HPPC. Pursuant to California Government Code Section 54957.9, the presiding Co-Chair may order the meeting room cleared if violence or verbal harassment disrupts the orderly process of a meeting.

4. Each speaker will have up to three (3) minutes to speak, time permitting. Speakers will be warned when thirty (30) seconds remain. When time is up, the presiding Co-Chair will call the next speaker.
5. If a speaker has written comments, a copy is to be given to the note taker so they may be added to the minutes of the meeting.

#### **F. Quorum**

**Bylaws** F. Quorum. *A quorum of HPPC members must be present at any regular meeting of the HPPC, Executive Committee or its Working Groups in order for voting to take place. A quorum is defined as more than half (1/2) of the current eligible voting membership.*

A quorum of HPPC members must be present at any regular meeting of the HPPC, the Executive Committee, or a working group in order for voting to take place. A quorum is defined as more than half (1/2) of the current eligible voting membership of the group that is meeting. This may be different when dividing even and odd numbers. It is the policy of the HPPC to round up to odd numbers. For example, in a working group with thirteen (13) members, six-and-a-half (6.5) would be rounded up to seven (7), which means that at least seven (7) members must be present at the working-group meeting to form a quorum. For another example, assume you have twelve (12) members in a working group; six (6) would be half (1/2) of the working group's membership, and so you would need one (1) additional member present for a total of seven (7) members present to form a quorum.



## G. Proceedings

**Bylaws G. Proceedings.** *All full HPPC, Executive Committee and Working Group meetings will be tape recorded, with the recordings made available to any interested person. Meeting recordings will be held for a minimum of three (3) months. Written minutes will be made available to members and upon review and approval will become a public document.*

All full HPPC, Executive Committee, and working-group meetings will be tape recorded, and the recordings will be made available to any interested person. Meeting recordings will be held for a minimum of three (3) months. Individuals wishing a copy of a recording should contact the health department staff person in writing. Written minutes will be made available to members and, following review and approval will become public documents and will be posted on the Community Collaborations section of the CHE&AP Branch SFHIV.org website (<http://www.sfhiv.org>).

## H. Voting and Majority

**Bylaws H. Voting and Majority.** *Every official action taken by the Council shall be adopted by a majority vote, except where a two-thirds (2/3) vote is required by these bylaws. If two-thirds (2/3) vote is required, it shall be at least two-thirds (2/3) of all votes cast, provided a quorum is present. A majority vote shall be more than half (1/2) of all votes cast provided a quorum is present. An abstention is not considered a vote, and thus does not count towards the total of votes cast. Unanimous consent can be used for routine business, such as the approval of minutes and agendas, written ballots can be used for elections, and roll call votes should be used for everything else. Unanimous consent permits action without a motion or a vote when there is no opposition anticipated. All votes taken by the full HPPC will be made public in the minutes.*

### 1. Voting through Unanimous Consent

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

Unanimous consent can only be used for routine business, such as the approval of minutes and agendas.

## **2. Voting with Ballots**

Voting with ballots can only be used for elections. The results of a vote taken with ballots will be recorded in the meeting's minutes.

## **3. Voting by Roll Call**

All major actions taken by the HPPC (other than routine business and elections) must be taken through roll-call votes.

In order for a vote to occur there must be a quorum of voting members present (see Section F. **Quorum** on p. 47). It is important to note that all items, except those for which a two-thirds (2/3) vote is required by the Bylaws, is by majority of **votes cast**, namely, more than one-half (1/2) of votes cast. This is different from the requirement for a quorum in the following way: Total votes cast means that only "Yes" and "No" votes are counted towards the motion being approved. This means an abstention is not considered a vote, and thus does not count towards the total of votes cast. However, it is important to note that the issues regarding the number to obtain a majority may differ based on whether the number of votes cast is even or odd. As mentioned in the above example in Section F. **Quorum**, it is the policy of the HPPC to round up to odd numbers.

## Section 6: STANDING COMMITTEE AND WORKING GROUPS

### A. Standing Committee

**Bylaws:** A. Standing Committee. *The HPPC has one (1) standing committee: the Executive Committee. Composition and voting, namely, the voting members of the Executive Committee will be the three HPPC Co-Chairs and the two (2) at-large members elected by the Council.*

*Responsibilities. The Executive Committee is responsible for developing the agendas for full HPPC meetings, reviewing proposed amendments to these bylaws, overseeing the work of the HPPC and its Working Groups, and any other responsibilities specified in the Policies and Procedures Manual.*

The HPPC has one (1) standing committee, namely, the Executive Committee. The voting members of the Executive Committee include: the three (3) HPPC Co-Chairs and the two (2) At-Large members elected by the Council. The Executive Committee may opt to add members, such as the Chairs of working groups, by a majority vote. In the event of a potential vacancy in the Executive Committee (i.e., Community Co-Chair or At large members), the Executive Committee can fill the vacancy until an election date has been scheduled to fill the position(s).

The Executive Committee is the governing body of the HPPC and manages its day-to-day operations, including process issues and working-group activities. The Executive Committee makes decisions about Council priorities and makes recommendations about HIV prevention and HPPC process issues to the Council.

### **Roles and Responsibilities of the Executive Committee**

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

- Develops the agenda for full Council meetings in conjunction with the HPPC Co-Chairs;
- Reviews proposed amendments to the Bylaws and this manual;
- Oversees and coordinates the work of the HPPC, its working groups, and community-engagement meetings in accordance with their already established scopes of work;
- Discusses the day-to-day business of the HPPC and any issues that come up and resolves them, makes recommendations for resolution, or refers them to the appropriate party, such as an HPPC working group;
- Makes recommendations to the Council about HIV prevention and HPPC process issues;
- Makes decisions about member dismissal for reasons other than absenteeism; and
- Reviews requests for letters of support submitted by agencies and researchers.

## **B. Working Groups**

**Bylaws:** B. Working Groups, Formation. *Working Groups may be established and dissolved by the Executive Committee or by vote of the HPPC as needed.*

*Composition. The voting members of each Working Group will be determined by the group during its first meeting and shall include: HPPC members and non-HPPC members with expertise and/or interest in participating in the Working Group.*

*Responsibilities. Working Groups are responsible for completing specific tasks as defined by Executive Committee.*

The Executive Committee shall assign each Council member to a working group, based on the interests and expressed preferences of the member and with consideration for PIR at the working-group level. Members may request to change their assignment if ***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

they strongly prefer to serve on another working group. The Co-Chairs shall decide on such requests.

Working groups develop recommendations in the form of motions and present them to the Council for discussion and vote. The Executive Committee shall schedule the formal presentation of motions for full Council meetings. Time is then set on the agenda, and the motion, with any supporting documentation, is sent to HPPC members in advance of the Council meeting, as part of the pre-meeting packet. One (1) or more designees from the working group present the recommendations to the HPPC. The Council then

- Discusses the motion. Members are encouraged to express their opinions; and
- Votes on the motion. A “yes” vote indicates approval of the motion. A “no” vote indicates that the working group may need to have additional meetings based on the Council discussion and bring the revised motion back to the Council to be voted on. (See **Conflict Resolution and Grievance Procedure** below for how to write a minority opinion in opposition to a Council vote.)

### **Community Participation on Working Groups**

The HPPC actively encourages and invites community members to join and fully participate in the activities of the HPPC’s working groups. The experience, views, and votes of community members are a valuable contribution to the work of the HPPC. All HPPC working groups are open to community participation.

Community members of working groups have the same authority and responsibilities as HPPC members who serve on working groups. This includes the responsibility to

- attend all meetings of the working group;
- stay informed about relevant issues;
- prepare for meetings;
- express opinions;

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

- help form working-group recommendations to the full Council; and
- vote at working-group meetings.

Community members of working groups are not members of the HPPC, although they may contribute to the discussion during the public comment period concerning motions from their working groups.

Anyone may nominate a community member for working-group membership. A community member's Working Group Nomination Form must be completed and submitted to the health department.

### **Working Group Chair or Co-Chairs**

Each working group may opt to elect a chair or co-chairs.

### **Role Summary**

The working-group chair or co-chairs are responsible for overseeing the work of the working group to ensure that the objectives in the HPPC scope of work are met. The working-group chair or co-chairs also serve as the liaison between the working group and the full Council.

### **Roles and Responsibilities of Working-Group Chairs and Co-Chairs**

- Oversee the work of the working group, with assistance from health department staff and its consultants to complete the tasks assigned by the Executive Committee;
- Act as the liaison between the working group and the rest of HPPC, including the Council Co-Chairs, other working groups, and the full Council, by giving periodic updates on working-group activities, soliciting input and feedback on and giving presentations on working-group activities and/or recommendations to the full

Council (the Chair or Co-Chairs may assign some of these tasks to other working-group members);

- Facilitate meetings or designate facilitation to another working-group member;
- and
- Follow up with members regarding absenteeism.

## **Section 7: GRIEVANCE PROCEDURE**

**Bylaws.** *In the event of disagreements and/or differences among the HPPC, its Co-Chairs, and the staff of the Community Health Equity & Promotion Branch, the parties involved in the dispute shall attempt to resolve the issue through discussions. Should the issue(s) remain unresolved after three attempts, the Director of the Community Health Equity & Promotion Branch shall serve as the first-level arbiter. The Director of the Department of Public Health shall serve as the second-level arbiter, if necessary, and his or her decision will be binding.*

In the past, the HPPC has experienced conflicts without a formal procedure for resolving them. In any group endeavor, conflict is normal and to be expected. What distinguishes a successful group from a failing one is the ability to resolve conflicts fairly and quickly. The Bylaws outline the formal grievance procedure, and this policy discusses the implementation details.

Motions made during Council meetings shall be passed in accordance with the procedures outlined in the Bylaws. When appropriate procedures have been followed to pass motions, all members are expected to support the motions as legitimate Council decisions. If a member or group of members, nevertheless, strongly opposes the outcome of an HPPC vote, it may write a letter voicing a minority opinion to be incorporated into the HPPC minutes. If a member or group of members continues to

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

strongly oppose a decision that has been made, it may file a grievance as described below.

### **Grievance Procedure**

Should a conflict arise among HPPC members, the Co-Chairs, the staff of the health department, and/or its consultants, the parties involved in the dispute shall request that the Co-Chairs schedule time for formal discussion of the issue. The parties involved, the Governmental Co-Chair, at least one of the Community Co-Chairs, and the Director of the CHE&P Branch (if she or he is not the Governmental Co-Chair) shall be present for the discussion, and one of the Co-Chairs shall facilitate. (If the conflict involves one of the Co-Chairs, another Co-Chair shall facilitate, unless the conflict involves all the Co-Chairs, in which case the Director of the CHE&P Branch shall do so.)

If the issue remains unresolved at the end of the discussion, the Co-Chairs shall determine whether further discussions would be helpful, and if so, they shall schedule and facilitate them. (The Co-Chairs may determine that the full Council should discuss the issue.) If they determine that further discussions are not likely to resolve the issue, the Director of the CHE&P Branch shall serve as the first-level arbiter and issue a decision on the conflict. If either party is not satisfied with the decision, it may write a letter to the Director of the CHE&P Branch stating that and requesting that the Director of Health arbitrate. The Director of Health shall schedule a meeting at which she or he, the parties in conflict, and the Director of Health shall be present. At the start of the meeting, all parties shall agree that the resulting decision shall be binding and cannot be appealed. The conflict shall then be reviewed, and the Director of Health shall issue a final decision within one (1) week after the meeting.



## Section 8: AMENDMENTS

**Bylaws.** *These bylaws may be amended by the HPPC at any regular meeting by a two-thirds (2/3) vote of the Council members, provided that notice of proposed amendments has been published and distributed to members no less than five (5) working days prior to the meeting.*

*Members may propose amendments to the bylaws at any regular meeting of the HPPC. Voting on proposed amendments will take place at the next regularly scheduled meeting.*

*Amendments adopted by the HPPC shall be implemented by the next regularly scheduled meeting of the full HPPC.*

With the establishment of this manual, it is necessary to define how a new or amended policy becomes part of it. In addition, amendments to the Bylaws may be necessary as the operations of the Council change to meet the HIV prevention needs of the City and County and/or to satisfy changes in governing documents, such as the CDC Guidance or City or state ordinances. This procedure explains how a policy moves from conceptualization to adoption and how changes to existing policies, procedures, and Bylaws are made.

### **Amendments in General**

Any HPPC member may draft a policy and/or procedure or suggest that a new or amended policy and/or procedure be drafted. Any HPPC member may also propose an amendment to the Bylaws. The health department staff member or one of its consultants may assist members with writing amendments to policies, procedures, and the Bylaws.

### **Amendments to the Policies and Procedures Manual**

*Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015*

New or amended policies and/or procedures should begin with a paragraph that describes why the policy or procedure is being proposed and what it intends to clarify or achieve, as well as a description of the proposed policy and/or procedure. Revisions to existing policies should include the original text and the proposed text, highlighting the differences. When a new or amended policy or procedure comes up for a vote by the Council, if passed (a majority vote is required), it shall be implemented by the time of the next regularly scheduled Council meeting.

### **Amendments to the Bylaws**

Amendments to the HPPC Bylaws should include the original text, if any, and the new text, highlighting the differences. All proposed revisions to the Bylaws shall be brought to the Executive Committee for scheduling on an HPPC agenda. According to the Bylaws, the proposed amendment must be considered at the next regularly scheduled Council meeting, if the notice requirement is met. A two-thirds (2/3) vote of the full Council's eligible voting membership is required to adopt it, and, if passed, the amendment shall be implemented by the next regularly scheduled HPPC meeting, as stipulated in the Bylaws.

## **Section 9. APPENDICES**

If there are any discrepancies between the Policies and Procedures outlined above and the following documents, the Policies and Procedures will be considered final.

## **Appendix A: Abbreviations**

AIDS	Acquired Immunodeficiency Syndrome
CBA	Capacity Building Assistance
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
HIV	Human Immunodeficiency Virus
HPPC	HIV Prevention Planning Council
CHE&P	Community Health Equity & Promotion
IDU	Injection Drug Users
MD	Metropolitan District
MSM	Males who have Sex with Males
PIR	Parity, Inclusion, and Representation

## **Appendix B: Agency Requests for Letters of Support**

HIV prevention organizations or others may request letters of support from the HPPC to accompany their grant proposals and/or to support other activities. This policy describes the HPPC's decision-making process for whether to write a letter of support or not and the procedure for requesting and producing one.

The HPPC Co-Chairs shall sign a letter of support for agencies on behalf of the HPPC if

- the Executive Committee votes in favor of writing a letter of support based on whether the proposal or activity is in line with the priorities outlined in the current HIV Prevention Plan, and
- the agency has followed the procedure for requesting such a letter as described below.

In case requests for letters of support are requested by competing agencies, the Council may support multiple proposals based on the following philosophy: All prevention activities that complement the priorities and general directions described in the HIV Prevention Plan are worthy of consideration for funding, and the HPPC expects that multiple agencies that are awarded funds will coordinate their projects to avoid duplication of effort. This requirement will be explained in the letter(s) of support.

An agency requesting a letter of support for a grant proposal or other activity must submit a letter to the HPPC Co-Chairs via the health department staff no less than fourteen (14) days prior to the date by which the letter is needed (e.g., for a grant proposal, the submission deadline). The letter of request must

- identify the funding agency;
- briefly summarize the grant proposal or other activity; and
- indicate how it is in line with the priorities in the HIV Prevention Plan.

In addition, the letter must identify the priority population(s) being addressed in the proposal, as well as the specific interventions to be used. The HPPC Co-Chairs will bring the letter of request to the Executive Committee for review at its next regular meeting and will inform the agency that it will be considered at that meeting. The Co-Chairs or the agency will present the request to the Executive Committee. After the presentation, Executive Committee members may ask questions about the proposed proposal(s) or project(s), and then will vote on whether to write letters of support or not. A health department staff member will prepare the letter, ensure that the Co-Chairs sign it, and send it to the proper recipient. The Co-Chairs will report to the HPPC at its next regular meeting, either verbally or in writing, regarding any letters of support provided. If the

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

request is submitted on time but the Executive Committee will not meet before a letter of support is needed, the Co-Chairs may decide whether to provide the letter or not.

### **Appendix C: Roles and Responsibilities of Appointed Voting Members**

In San Francisco, multiple drivers impact HIV prevention, care, and treatment, and the services are supported by several funding sources, as well as administered by several sections of the health department. The HPPC recognizes the importance of having representation of these key organizations on the Council and has six (6) appointed seats for them. As of January 2012, the following seats have been appointed to the HPPC:

- Community Behavioral Health Services,
- Community-Oriented Primary Care,
- HIV Health Services Planning Council,
- Housing,
- Jail Health Services, and
- Disease Prevention and Control.

Appointed voting members speak for the section or organization they are selected to represent. The appointed voting members must adhere to the Roles and Responsibilities of HPPC members identified on pp 20-23 but must also be able to:

- Have access to department-level information and the ability to bring that information to the Council,
- Regularly share information about organizational or department-level HIV program and policy efforts with the Council,
- Have the authority to vote on proposed HPPC motions at the organizational or department-level, and
- Participate in at least sixty percent (60%) of meetings, as required by the attendance policy on pp 21-24.

An appointed voting member may identify an alternate to represent her or his organization in her or his absence. The alternate must participate in the new-member orientation and be able to serve as a full member of the HPPC. Alternates are permitted to vote on motions, but must not base their votes on personal opinions and must, instead, act on behalf of the perspectives of the organizations they represent.

## **Appendix D: At-Large Members' Roles and Responsibilities**

In order to support strong leadership among HPPC members, the HPPC must elect two individuals to be At-Large members. At-Large members work collaboratively and constructively to further the mission and goals of the HPPC by considering both the needs of their community and the needs of all HIV-affected persons in San Francisco in their discussions and decision-making. In order to be appointed to the position of At-Large member, a Council member must be a voting member who has served on the HPPC for at least six months. This does not include the provisional period.

At-Large members are appointed for an initial term of two (2) calendar years. An At-Large member may be elected in a special election to fill out the term of an At-Large member who has vacated the position. If a person is finishing the term of a vacated seat, their term shall be completed at the end of the initial two-year term. If an At-Large member resigns from office prior to the end of his/her two (2)-year term, the HPPC shall elect another At-Large member who will serve the remainder of the unexpired term. In special circumstances At-Large member can be added as needed.

For further information please review pages 33-35 of the Policies and Procedures Manual.

### **Roles and Responsibilities of At-Large Members:**

In addition to adhering to the roles and responsibilities of an HPPC member, an At-Large member is expected to:

- Participate as a voting member of the Executive Committee;
- If a Community Co-Chair cannot attend a full Council meeting, an At-Large member shall facilitate the proceeding of the meeting; this can be done on a rotating basis or based on the availability of the At-Large members;
- Determine the annual scope of work for the HPPC, its planning support staff, and consultants;\*
- Form appropriate working groups;\*
- Assign HPPC and community members to working groups;\*
- Develop agendas for full Council meetings;\*
- Develop improved ways to operate the HPPC;\*
- Act as the first-level of intervention in resolving grievances.\*

\*Roles shared with other parties (e.g., Executive Committee, the three (3) Co-Chairs).

## **Appendix E: Attendance Policy Handout**

Being a member of the HPPC requires a significant commitment of time and energy in order to ensure an effective community planning process that advances the mission and goals of the HPPC. Further, the CDC requires that the community planning process be committed to PIR. PIR requires that all Council members receive the same information and the same orientation and training on the community planning process and have a chance to develop similar skills in community planning. Regular attendance is, therefore, essential to each member's effort and is also a matter of fairness to other members.

It is recognized by the HPPC that some members are living with HIV/AIDS, and/or other disabling conditions, including mental-health- and substance-use-related issues. Members may also have unforeseen life circumstances that arise during their terms that may require time away from Council-related responsibilities. This attendance policy is designed to balance these issues by setting reasonable standards for absenteeism while establishing a minimum level of participation that all Council members must meet.

While there are many reasons that a person may not be able to attend all meetings, it is clear that a pattern of nonattendance is a challenge to ensuring PIR. Therefore, the attendance policy should not be considered punitive; rather, it is an accurate reflection of what the Council needs from its members for effective community planning.

The health department is committed to ensuring that all HPPC members and community working-group members clearly understand the attendance policy so that it is simple to adhere to, as well as applied fairly to all members. The policy will be presented at each new-member orientation, as well as distributed to all members at the beginning of each Council year. The health department will assign a staff member to support member attendance and will notify members of absences so that any attendance issues that arise can be addressed quickly and appropriately.

### **Definitions:**

*Excused Absences:* Excused absences are those resulting from a court order or being sent to a conference, meeting, or other assigned activity on behalf of the HPPC.

*Excused Absence Due to Court Order:* If a member misses a meeting or meetings due to a court order, she or he will be considered excused and should provide a copy of the court-approved paper work to the assigned health department staff member.

*Excused Absences Due to a Disabling Condition:* One (1) additional excused absence is provided for HPPC members who have self-identified as having a disabling condition.

*Unexcused Absences:* All other absences are considered unexcused.

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***



HPPC members are responsible for attending all full Council meetings and at least one (1) community engagement meeting each year and for participating in at least one (1) working group each year. If there are changes to the annual HPPC meeting schedule, the Co-Chairs will make every effort to give advance notice of such changes. If such notice is not possible, a member's absence from such a meeting will not be counted.

A member who is unable to fulfill the attendance requirement listed below will be automatically dismissed from the Council:

Attending a minimum of sixty percent (60%) of the total of required HPPC meetings, working group meetings, and one (1) community engagement meeting.

*For example: In a given year, a member may have to attend four (4) full council meetings, one (1) community engagement meeting, and at least one (1) working group that is scheduled to have five (5) meetings. This will be a total of ten (10) meetings. In order to stay in good standing, the member would have to attend a minimum of 60% of the meetings. This means that must attend at least six (6) meetings.*

A member who has self identified that she or he has a disabling condition will be provided one (1) additional excused absence. In order to ensure that the Community Health Equity & Promotion Branch (CHE&P) staff tracks attendance correctly, the member must inform the staff that she or he has a disabling condition that can impact her or his attendance before she or he has missed fifty percent (50%) of the total planned meetings.

#### Community Working-Group Members:

Community working-group members are required to attend regularly scheduled working-group meetings at their scheduled dates and times.

A community working-group member who is unable to fulfill the attendance requirement listed below shall result in the community member's automatic dismissal from the working group:

- Attending a minimum of sixty percent (60%) of the working group's meetings.

#### **Process for Informing HPPC Members of Attendance Status:**

Attendance records shall be maintained for full Council, working group, and community-engagement meetings. An attendance report shall be provided to each HPPC member on a quarterly basis by an CHE&P staff member.

An HPPC member who misses fifty percent (50%) of the required meetings will receive a warning letter to inform her or him of her or his attendance status. The letter will indicate the number of meetings and percentage of meetings missed and will indicate how many absences the person has left in order to remain in good standing (e.g.,

***Ratified, May 10, 2012 in effect on August 9, 2012, Council Approved Transitional Edits January 8, 2015***

“Please note that if you miss two (2) more meetings you will not fulfill your attendance requirements as identified in the HPPC Policies and Procedures Manual and, therefore, will be automatically dismissed as a member.”)

**Process for informing Community Working-Group Members of Attendance Status:**

As for HPPC members, attendance records shall be maintained for community working-group members. An attendance report shall be provided to each community member on a quarterly basis by an CHE&P staff member. A community working group member who misses fifty percent (50%) of the assigned meetings will receive a warning letter informing her or him of her or his attendance status. The letter will indicate the number of meetings and percentage of meetings missed and will indicate when the person will be dismissed (e.g., “Please note that if you miss two (2) more meetings, you will not fulfill your attendance requirements as identified in the HPPC Policies and Procedures Manual and, therefore, will be automatically dismissed as a member.”)

**Who Is Affected by Changes in Attendance Policy:**

All members of the HPPC and working groups, as well as any persons becoming members of the HPPC or working groups after the date that changes to the HPPC Bylaws, policies, or procedures have been approved, are affected by changes in the following ways:

- Absences occurring prior to the policy change, but within the calendar year, shall be interpreted under the definition of excused vs. unexcused spelled out in the old policy. Any absences occurring after the adoption of the new policy shall be interpreted under the definition of excused vs. unexcused in the new policy.
- Should the new policy establish fewer permitted absences, members shall be subject to the new rule as of the date of passage of the new policy. However, those members who have reached their maximum number of excused absences under the old policy, and thus have exceeded the number of permitted absences under the new policy, shall not be terminated unless they have an additional absence as defined in the new policy.

## **Appendix F: Communication**

### **Internal and External Communication**

To ensure that all official communications, both external and internal, are not misconstrued and that they protect the rights of the full membership and working groups of the HPPC, this policy describes the procedures regarding official communications. It also discusses how the Council shall communicate with consultants.

#### External Communications

*General:* If time permits, all communications purporting to speak on behalf of the HPPC shall be based on policies and/or positions that have been discussed and approved by the Council membership through formal action at a regularly scheduled meeting. If time does not permit submitting an urgent matter to the Council for consideration, the Executive Committee or the three (3) Co-Chairs shall determine the appropriate action.

HPPC members bring vast knowledge, information, and opinions to the community planning process. Their interest and concerns about HIV prevention and related issues, and their participation in a variety of forums on the issue of HIV prevention, may pose some concern or confusion about the differences between their personal opinions and the opinion(s) of the HPPC. This may arise in any number of ways including letters, interaction with the press, participation at meetings, and/or in correspondence with individuals on matters of HIV prevention. In all instances, the HPPC Co-Chairs serve as the public face of the Council in that they should be, if possible, always fully aware of the Council's position, or lack thereof, on a specific subject. It is recognized that the Co-Chairs cannot be in all places at all times. Therefore, in some instances, other members of the HPPC may be asked to represent the Council. In such cases, the HPPC members must first obtain written permission from the Co-Chairs to represent the group. If time allows, the Co-Chairs will bring the issue to the full Council or to the Executive Committee to determine the group's stance on the issue or issues in question. At no time may a member of the HPPC present her or his personal opinion as that of the HPPC without the prior approval of the Co-Chairs, unless a motion on that issue has been adopted by the HPPC and can be referred to on the question.

*Written Communications:* Written communications stating a position of the HPPC or calling for action on behalf of the body shall be signed by all three (3) Co-Chairs, when possible, and copies provided to the entire HPPC membership. At least one (1) Co-Chair must sign such communications, and all three (3) Co-Chairs must approve them. The actual signing may be delegated to health department staff, using name stamps or other facsimile signatures, on an issue-by-issue basis. If a Co-Chair, or any other member of the HPPC, wishes to communicate a personal position on any matter to some external entity, she or he may do so only if she or he explicitly indicates that it is a personal one presented by an HPPC member, rather than representing the position of the Council.

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*Other Communications:* Other official communications (e.g., telephone calls, faxes, news releases, and/or bulletins) to legislators, federal or state agencies, and others on behalf of the HPPC must have the approval of all three (3) Co-Chairs and must be supported by HPPC decisions.

#### Internal Communications

The following policy describes the lines of communication within the HPPC and among its various subgroups and among the HPPC, the health department, and its consultants.

*Within the HPPC:* Decisions made or discussions held at the working-group level shall be communicated to the HPPC Co-Chairs and/or the Executive Committee via health department staff assigned to the working group. Such decisions/discussions shall be communicated to the full Council by one or more representatives approved by the working group, with the permission of the Executive Committee (i.e., the Executive Committee must agree to put the item on an HPPC agenda and it must be adopted for it to be in line with the Bylaws). The Executive Committee and the HPPC Co-Chairs shall communicate with its working groups through the working groups chairs or co-chairs. Working groups may communicate directly with each other through their chairs or co-chairs.

*Between the HPPC and health department staff and consultants:* HPPC members may communicate directly with health department staff and ask them to provide information or assistance, but the staff may decline to undertake major projects if they feel that the necessary resources would be better invested in other activities. HPPC members shall not request information or assistance directly from health department consultants. All such requests shall be submitted to the Council Co-Chairs, who will consult with health department staff to assign work to consultants.

## **Appendix G: Community Co-Chair Roles and Responsibilities**

The HPPC elects two Community Co-chairs to work with the SFDPH Co-chair to oversee the HIV prevention community planning process. The Community Co-chairs work in conjunction with the SFDPH Co-chair to provide leadership and direction to the HPPC. They ensure that all members understand and exercise their responsibilities and that the HPPC accomplishes its mission and goals.

The following description represents the Community Co-chair roles and responsibilities as outlined in the CDC Guidance, the HPPC Bylaws, and other HPPC documents. For further information please review pages 29-33 of the Policies and Procedures Manual.

### **Community Co-Chairs Roles and Responsibilities:**

The following describes the roles and responsibilities of the Community Co-Chairs as described in the Bylaws and this manual:

In addition to adhering to the roles and responsibilities of an HPPC Member, the Community Co-Chairs are expected to:

- Serve as the public face of the HPPC at conferences, events, and in the media;\*
- Ensure continuity and concordance among Council work, working groups, the HIV Prevention Plan, the Cooperative Agreement, and resource allocation;\*
- Serve as members of the Executive Committee;\*
- Sign official documents;\*
- Preside at full Council meetings on a rotating basis with the Governmental Co-Chair;\*
- Follow up on member absenteeism and carry out member dismissal procedures;\*
- Determine the annual scope of work for the HPPC, its support staff, and its consultants;\*
- Form appropriate working groups;\*
- Assign HPPC and community members to working groups;\*
- Develop agendas for full Council meetings;\*
- Develop improved ways to operate the HPPC;\* and
- Act as the first-level arbiters in resolving grievances.\*

\*Roles shared with other parties (e.g., the Governmental Co-Chair, the Executive Committee, and the health department).

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### **dix H: Community Working Group Member Roles and Responsibilities**

The HPPC actively encourages and invites community members to join and fully participate in the activities of the HPPC's working groups. The experience, views, and votes of community members are a valuable contribution to the work of the HPPC. All HPPC working groups are open to community participation.

Community members of working groups have the same authority and responsibilities as HPPC members who serve on working groups. This includes the responsibility to

- attend all meetings of the working group;
- stay informed about relevant issues;
- prepare for meetings;
- express opinions;
- help form working-group recommendations to the full Council; and
- vote at working-group meetings.

Community members of working groups are not members of the HPPC, although they may contribute to the discussion during the public comment period concerning motions from their working groups.

Anyone may nominate a community member for working-group membership. A community member's Working Group Nomination Form must be completed and submitted to the health department.

## **Appendix I: Executive Committee Roles and Responsibilities**

The HPPC has one (1) standing committee, namely, the Executive Committee. The voting members of the Executive Committee include: the three (3) HPPC Co-Chairs and the two (2) At-Large members elected by the Council. The Executive Committee may opt to add members, such as the Chairs of working groups, by a majority vote. In the event of a potential vacancy in the Executive Committee (i.e., Community Co-Chair or At Large members), the Executive Committee can fill the vacancy until an election date has been scheduled to fill the position(s).

The Executive Committee is the governing body of the HPPC and manages its day-to-day operations, including process issues and working-group activities. The Executive Committee makes decisions about Council priorities and makes recommendations about HIV prevention and HPPC process issues to the Council.

### **Roles and Responsibilities of the Executive Committee**

- Develops the agenda for full Council meetings in conjunction with the HPPC Co-Chairs;
- Reviews proposed amendments to the Bylaws and this manual;
- Oversees and coordinates the work of the HPPC, its working groups, and community-engagement meetings in accordance with their already established scopes of work;
- Discusses the day-to-day business of the HPPC and any issues that come up and resolves them, makes recommendations for resolution, or refers them to the appropriate party, such as an HPPC working group;
- Makes recommendations to the Council about HIV prevention and HPPC process issues;
- Makes decisions about member dismissal for reasons other than absenteeism; and
- Reviews requests for letters of support submitted by agencies and researchers.

## **Appendix J: Formal Presentations and Discussions**

With limited meeting time and significant amounts of work to be done, it can be difficult for the HPPC to address every issue that each member wants addressed. In order to prioritize presentations and discussions for the full HPPC, the HPPC keeps a list of presentations and discussions that members have raised as possible items for future HPPC agendas.

There are four ways in which an item can be placed in the Parking Lot:

1. An HPPC member may introduce an item during the New Member Business section of the HPPC agenda. The HPPC will then vote on whether to place that item in the Parking Lot.
2. The Executive Committee may place an item in the Parking Lot if the item is deemed to be critical to the continued functioning of the community planning process.
3. If the health department receives a request from an outside party to present to the HPPC and the presentation would be useful and relevant to HPPC business, the health department staff may ask the Executive Committee to vote on whether to place the item in the Parking Lot.
4. A nonmember of the HPPC who is also not a member of the health department staff may request that the HPPC address an issue or consider a presentation on a specific topic. The person should submit a request in writing to the health department staff or make a verbal request during the public comment period at a full Council meeting. The Governmental Co-Chair will introduce the item during New Member Business, and the HPPC will vote on whether to place that item in the Parking Lot or not.

Note that working groups wishing to present recommendations to the Council vote may bypass the Parking Lot; such presentations are automatically given priority over other HPPC business in the Parking Lot. When there is extra time on an HPPC agenda, the Co-Chairs and Executive Committee will choose items from the Parking Lot to fill the time slot available. The decision about which item(s) to choose will be based on the relevance of the item to current HPPC business, the immediacy of the issue, and the length of time the issue has been in the Parking Lot.



## **Appendix K: Governmental Co-Chair Roles and Responsibilities**

The Governmental Co-chair works with the Community Co-chairs to oversee the HIV prevention community planning process. The Governmental Co-chair works in conjunction with the Community Co-chairs to provide leadership and direction to the Executive Committee and HPPC. The Governmental Co-chair ensures that all members understand and exercise their responsibilities, and he or she is ultimately accountable for ensuring that the HPPC accomplishes its mission and goals. The Governmental Co-chair is appointed by the Director of HIV Prevention for a term to be determined by the Director.

The following is a description of the roles and responsibilities of the Governmental Co-chair as outlined in the Bylaws and Policies and Procedures Manual.

### **Governmental Co-Chair Roles and Responsibilities:**

The following describes the roles and responsibilities of the Governmental Co-Chair as described in the Bylaws and this manual:

- Communicate the governmental perspective on HIV prevention to the HPPC;
- Mentor Community Co-Chairs;
- Serve as the public face of the HPPC at conferences, at events, and in the media;\*
- Ensure continuity and concordance among Council work, working groups, the HIV Prevention Plan, the Cooperative Agreement, and resource allocation;\*
- Serve as a member of the Executive Committee (Governmental and Community Co-Chairs);\*
- Preside at full Council meetings on a rotating basis with the Community Co-Chairs; if the Governmental Co-Chair is slated to preside at a Council meeting but she or he is unable to do so, she or he may designate a staff member of the Community Health Equity & Promotion Branch to facilitate that Council meeting and vote on behalf of the health department;\*
- Follow up on member absenteeism and carry out member dismissal procedures;\*
- Determine the annual scope of work of the HPPC, its support staff, and its consultants;\*
- Form appropriate working groups;\*
- Assign HPPC and community members to working groups;\*
- Develop agendas for full Council meetings;\*
- Develop improved ways to operate the HPPC;\* and
- Act as the first-level arbiter in resolving grievances.\*

\*Roles shared with other parties (e.g., the Community Co-Chairs, the Executive Committee, and the health department).

## **Appendix L: HPPC Members' Roles and Responsibilities**

The HPPC is committed to working as a group to make recommendations about the HIV System of Prevention in San Francisco. The HPPC believes that effective planning requires input from a broad range of community experts. Broad public involvement in decision making that acknowledges diversity, and mutuality, of interests is preferable in the involvement of a few people in decision making that reflects only special interests or individual perspectives. Broad public involvement in decision making carries with it the responsibility for high-quality decision making. The HPPC believes in the principles of equity and fair play. For further information please review pages 11-28 of the Policies and Procedures Manual.

### **Roles and Responsibilities of HPPC Members:**

- Attend all regular meetings of the HPPC and take part in at least one (1) working group and one (1) community-engagement meeting each year;
- Prepare for all HPPC and working-group meetings by reading the pre-meeting materials, including the minutes of the previous meeting;
- Work with the health department to identify priority populations to receive HIV prevention services based on a thorough review of the epidemiologic, evaluation, behavioral, and other data on San Francisco's populations and communities;
- Review the jurisdictional HIV Prevention Plan;
- Keep informed about HIV prevention issues;
- Communicate respectfully with fellow Council members, the public, health department staff, and all others involved in the community planning process; and
- Review the health departments Cooperative Agreement application to the CDC for federal HIV-prevention funds, including the proposed budget, and vote to send a letter of concurrence, concurrence with reservations, or non-concurrence.

## **Appendix M: Non-Voting Members' Roles and Responsibilities**

In order to ensure that the voice of the Metropolitan Division (MD) supported by the health department's Cooperative Agreement is supported in the prevention planning process, the HPPC has two (2) non-voting seats, one (1) for each of San Mateo and Marin Counties. The rationale for these seats being non-voting is that the scope of work of the HPPC is for the health jurisdiction of the City and County of San Francisco. However, the HPPC recognizes the importance of having the neighboring counties represented to support the needs of the populations of those counties.

Non-voting members speak for the counties they are selected to represent. They must adhere to the Roles and Responsibilities of HPPC members identified on pp 20-23, but must also be able to:

- Conduct one (1) annual presentation about HIV prevention, treatment, and care in their counties (e.g., local epidemiology, prevention strategies, and/or treatment services) that will help inform the Council's work,
- Regularly share information about county-level HIV prevention, treatment, and care efforts with the Council, and
- Participate in at least sixty percent (60%) of the meetings, as required by the attendance policy on pp 21-24.

A non-voting member may identify an alternate to represent her or his county in her or his absence. The alternate must participate in the new-member orientation and be able to serve as a full non-voting member of the HPPC. The alternate must represent the perspective of the county she or he represents.

## **Appendix N: Rapid Response**

To be active in and responsive to the community context of its work, the HPPC maintains its presence in the community in many ways. One way it remains active is by responding to and voicing opinions about HIV-prevention-related events and issues in the community. In the past, the HPPC has not had a mechanism for responding to urgent HIV-prevention-related matters that call for action before the next meeting of the full HPPC. This policy outlines such a process.

When an urgent HIV prevention-related matter arises that needs Council action or response for it to be acted on, the issue shall first be discussed by the Co-Chairs, who shall determine an appropriate timeframe for a response. One of four (4) processes shall ensue, depending on the timeframe when the event occurs. The Co-Chairs should select the process that allows input from the largest number of members, given the time constraints. Regardless of which process is chosen, the Co-Chairs shall send copies of the response (e.g., a letter or press release) to all members of the HPPC when it is issued. In addition, if applicable, the response should explicitly state that it represents the joint opinion or position of the health department and the HPPC. If a course of action is developed and carried out without a Council vote, the response shall be based on previous Council work or decisions as much as possible and should not take a position at odds with the overall direction of the Council. The four (4) processes are as follows:

1. The Co-Chairs bring the item to the Executive Committee for discussion. The Executive Committee develops a motion for the Council presenting a course of action or response. The Council votes on the motion at its next meeting. The Co-Chairs carry out the action and report on it in the next Co-Chairs Report to the full Council. (This involves the Co-Chairs, the Executive Committee, and the full Council.)
2. The Co-Chairs bring the item to the Executive Committee for discussion. The Executive Committee votes on a course of action or response. The Co-Chairs carry out the action and report on it at the next full Council meeting in the Co-Chairs Report. (This involves the Co-Chairs and the Executive Committee.)
3. The Co-Chairs develop a motion for the Council outlining a course of action or response. The Council votes on the motion at its next meeting. The Co-Chairs carry out the action and report on it at the next Executive Committee meeting and in the next Co-Chairs Report to the full HPPC. (This involves the Co-Chairs and the full Council.)
4. The Co-Chairs determine a response or a course of action and implement it. At least two (2) of the three (3) Co-Chairs must agree on the response in order to implement it. The Co-Chairs carry out the course of action and report on it at the next Executive Committee meeting and at the next full Council meetings in the Co-Chairs Report. (This involves only the Co-Chairs.)

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## **Appendix O: Researchers' Requests for Letters of Support**

This policy applies to local organizations and individual researchers who request letters of support from the HPPC for grant applications or proposals for funding of research studies.

The HPPC Co-Chairs shall sign a letter of support for a research proposal on behalf of the HPPC if

1. the Executive Committee votes in favor of writing such a letter, based on whether the researcher's institution agrees to fulfill the requirements listed below (the letter of support shall state that it is conditional upon fulfillment of these requirements), and
2. the researcher's institution has followed the procedure described here for requesting such a letter.

The Council may provide letters of support for multiple proposals from competing institutions based on the following philosophy: The HPPC supports all the proposed research activities and expects that the organizations awarded funds will coordinate their projects to avoid duplication of work. This concern will be explained in the letters of support.

In order to receive a letter of support from the HPPC, a researcher must agree to complete the following activities to disseminate his or her findings within six (6) months after the conclusion of data analysis. If a researcher who receive a letter of support from the HPPC does not fulfill these requirements within six (6) months after finishing data analysis, the HPPC will write him or her a letter of concern stating that and indicating that the researcher's failure to fulfill the requirements will be considered should he or she request a letter of support in the future. Researchers must

- Convene at least one community-engagement meeting that allows a diversity of viewpoints regarding the study and its results to be shared. The meeting shall be appropriately publicized and advertised (e.g., if the study subjects are MSM, an advertisement should be placed in local gay publications, such as the Bay Area Reporter).
- Disseminate a final written report to the community and all appropriate stakeholders (e.g., if the subjects are clients at a particular agency, the agency, as well as any other agencies that might find the results relevant to their work, should receive copies of the report) and anyone requesting a report should receive one.
- Request to present study results to a full Council meeting.

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- Post the results on the Internet and inform community members about the site where the results have been posted.

Agencies requesting letters of support for grant proposals or other activities must submit a letter to the HPPC Co-Chairs via the health department no less than fourteen (14) days prior to the date by which they need the letter (e.g., for grant proposals, the proposal-submission deadline). The letter of request must identify the funding agency; briefly summarize the proposal; and indicate how the results will be disseminated at the conclusion of the research. The HPPC Co-Chairs will bring the letter of request to the Executive Committee for review at its next regularly scheduled meeting and inform the researcher (or the organization) that it will be considered at that meeting. The Co-Chairs, the researcher, or a representative of the organization will present the request to the Executive Committee. After the presentation, Executive Committee members may ask questions about the proposed project(s) and then will vote on whether to write a letter or letters of support. The health department will prepare the letter(s), ensure that the Co-Chairs sign it or them, and send it or them to the proper recipient(s). The Co-Chairs Report will inform the HPPC at its next regularly scheduled meeting regarding any letters of support provided. If the request is submitted on time but the Executive Committee does not meet before a letter of support is needed, the Co-Chairs may approve the letter of support.

## **Appendix P: Health Department Staff Roles and Responsibilities for HPPC-Related Work**

Health department staff is responsible for several activities related to the community planning process. The following describes health department staff roles and responsibilities as related to HPPC work and described in government documents, the HPPC Bylaws, and elsewhere in this manual.

The health department staff is responsible for the administrative and logistical tasks related to community planning, as well as providing technical support to the HPPC, the Executive Committee, and its working groups. Health department staff may delegate some of these tasks to its consultants.

### **Roles and Responsibilities**

- Type and post meeting agendas in accordance with state and local ordinances regarding open meetings;
- Distribute meeting agendas and supporting materials, including minutes of preceding meetings, to HPPC members prior to Council, Executive Committee, and working-group meetings;
- Provide a health department staff member to be a voting member of each working group, as described in the HPPC Bylaws and this manual;
- Gather and present information and data as requested by the Council and its working groups;
- Assist the Executive Committee and working-groups chairs and co-chairs in developing agendas and managing working-group activities;
- Contract with and supervise the consultants who assist the Council, the Executive Committee, and its working groups;
- Participate in the development of the HPPC's scope of work; and
- Ensure accomplishment of the five (5) core objectives of community planning as outlined in the CDC Guidance.